

P20000094372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

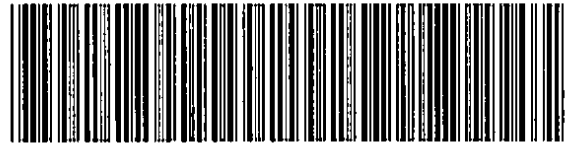
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FIL. 100

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FIL-0  
7720 DEC -1 PM 4:01

SUBJECT: MOR USA PRODUCE INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT CASTNER  
Name (Printed or typed)

473 OCEANVIEW AVE  
Address

BELFORD, NJ 07718  
City, State & Zip

732-492-4491  
Daytime Telephone number

ROBERT@MORUSA GROUP.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MOR USA Produce INC FIL - 10

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
8364 GRAND PRIX LANE  
BOXTON BEACH, FL 33472

2020 DEC -1 PM 4:02  
Mailing address, if different is:

P.O. BOX 741635  
BOXTON BEACH, FL 33474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL PRODUCE IMPORTED  
FROM ISRAEL AND SOUTH AFRICA,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEIR BEN-ARTSY (PRES) Name and Title: \_\_\_\_\_

Address MOR PEROT HA'SHARON, Address: \_\_\_\_\_  
TEL-MOND, ISRAEL  
40600

Name and Title: YAIR SHATZ (CFO) Name and Title: \_\_\_\_\_

Address MOR PEROT HA'SHARON Address: \_\_\_\_\_  
TEL-MOND, ISRAEL  
40600

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENT INC  
Address: 7901 4TH ST. N. STE 300  
ST. PETERSBURG, FL 33702  
(850) 807-4500

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT CASINER  
Address: 473 OCEANVIEW AVE  
BELFORD, NJ 07718

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/25/20 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Robert Casiner  
Required Signature/Incorporator Date 11/25/20

[ PAPERS ATTACHED FOR REGISTERED AGENT ]

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agent INC  
Address: 7901 4TH ST. N. STE 300  
ST. PETERSBURG, FL 33702  
(850) 807-4500

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ROBERT CASTNER  
Address: 473 OCEANVIEW AVE  
BELFORD, NJ 07718

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/25/20 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bell Home

Required Signature/Registered Agent

11/25/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Castner

Required Signature/Incorporator

Date

11/25/20

[ PAPERS ATTACHED FOR REGISTERED AGENT ]